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1. CORRESPONDENCE ADDRESS	2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)
AMY L COLLINS CHIRON CORPORATION INTELLECTUAL PROPERTY R440 P O BOX 8097 EMERYVILLE CA 94662-8097	INVENTOR'S NAME Street Address City, State and Zip Code CO-INVENTOR'S NAME Street Address City, State and Zip Code <input type="checkbox"/> Check if additional changes are enclosed

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/288,336	08/10/94	024	WOODWARD, M	1815 01/08
First Named Applicant	LUCIW, PAUL A.			

TITLE OF INVENTION A VECTOR FOR EXPRESSION OF A POLYPEPTIDE IN A MAMMALIAN CELL (AS AMENDED)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3	0035.011	435-320.100	I33	UTILITY	NO	\$1290.00 04/08

3. Correspondence address change (Complete only if there is a change)

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4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR, alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

1 Thomas P. McCracken  
2 Barbara G. McClung  
3 Robert P. Blackburn

5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (print or type)

(1) NAME OF ASSIGNEE CHIRON CORPORATION	6a. The following fees are enclosed: <input checked="" type="checkbox"/> Issue Fee <input checked="" type="checkbox"/> Advance Order - # of Copies 10
(2) ADDRESS: (CITY & STATE OR COUNTRY) Emeryville, California	6b. The following fees should be charged to: DEPOSIT ACCOUNT NUMBER 03-1664 (ENCLOSE A COPY OF THIS FORM) <input type="checkbox"/> Issue Fee <input type="checkbox"/> Advance Order - # of Copies <input checked="" type="checkbox"/> Any Deficiencies in Enclosed Fees
A. <input type="checkbox"/> This application is NOT assigned. <input checked="" type="checkbox"/> Assignment previously submitted to the Patent and Trademark Office. <input type="checkbox"/> Assignment is being submitted under separate cover. Assignment should be directed to Box ASSIGNMENTS. PLEASE NOTE: Unless an assignee is identified in Block 5, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.	The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above. (Authorized Signature) Barbara G. McClung (Date) 4/8/97 NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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on: April 8, 1997 (Date)  
Nancy L. Swanson (Name of person making deposit)  
Nancy L. Swanson (Signature)  
April 8, 1997 (Date)

1 142 1,290.00 CK  
1 561 30.00 CK